

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
Prevent. Promote. Protect.

Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089

RENEWAL APPLICATION PERMIT TO OPERATE A FOOD ESTABLISHMENT

DATE: _____

NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____ NEWTON, MA ZIP: _____

PHONE NUMBER AT ESTABLISHMENT: _____

ARE YOU A CATERER?

YES NO

DO YOU SELL CONTAINERS OF MILK?

YES NO

NUMBER OF SEATS AUTHORIZED BY COMMON VICTUALLER LICENSE: _____

SEE GUIDELINES ON THE BACK PAGE FOR INSTRUCTIONS AND FEE SCHEDULE

NAME AND TITLE OF APPLICANT: _____ PHONE: _____

OWNER'S NAME: _____

OWNER'S HOME ADDRESS: _____

OWNER'S HOME / CELL PHONE: _____ EMAIL: _____

CORPORATE NAME: _____

CORPORATE CONTACT PERSON: _____

CORPORATE ADDRESS: _____

CORPORATE PHONE: _____

▪ IF CORPORATE, ATTACH A LIST OF OFFICERS NAMES, ADDRESSES AND PHONE NUMBERS

EMERGENCY CONTACT: _____ 24 HOUR TELEPHONE #: _____

PURSUANT TO M.G.L. CH. 62C, SEC. 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

APPLICATION MUST BE COMPLETELY FILLED OUT WITH A FEE PAYABLE TO THE "CITY OF NEWTON". ALL FEES ARE NONREFUNDABLE. LICENSE WILL BE MAILED DIRECTLY TO THE ESTABLISHMENT.

FOOD ESTABLISHMENT FEE ENCLOSED: \$ _____

\$10.00 MILK LICENSE FEE: \$ _____

TOTAL ENCLOSED: \$ _____

IMPORTANT NOTE: SEE OTHER SIDE OF THIS FORM

Email: dzaleznik@newtonma.gov

FOOD ESTABLISHMENT GUIDELINES

To obtain your permit to operate a Food Service Establishment or Retail Food Establishment, you must submit:

- A completed application.
- A Copy of your Certified Food Management Training and Allergy Awareness Certificate (for risk categories 2 – 5 only).
- Equipment evaluation report from Heating, Ventilation and Air Conditioning (if applicable).
- Permit fee as indicated on the application label or as discussed with Environmental Health Specialist.
- You must notify the Health Department if you have changed or intend to change any procedures. Items such as smoking of foods, vacuum packaging, and using acidification as a means of food preservation or serving raw or undercooked items are Special Processes and require additional information. You must submit proper plans and information to the Health and Human Services Department for review and approval before undertaking any changes.
- Food Service Establishments with 25 or more seats are required to have an employee trained in Anti-Choking Procedures at all times the establishment is open to the public.

*A caterer is anyone who prepares, and serves food at a location other than the one listed on their permit, or prepares, transports and serves food at another location.

Fees are based on risk categories the Department has assigned to each establishment. If you have any questions, please call the Health and Human Services Department at 617-796-1420. Fee schedule is listed below.

Risk Category 1	\$50.00
Risk Category 2	\$150.00
Risk Category 3	\$250.00
Risk Category 4A (Restaurant)	\$300.00
Risk Category 4B (Retail)	\$400.00
Risk Category 5 (Special Process)	\$400.00

MAKE CHECK PAYABLE TO “CITY OF NEWTON”. ALL FEES ARE NONREFUNDABLE.

THE HEALTH AND HUMAN SERVICES DEPARTMENT IS OPEN ON TUESDAY EVENINGS UNTIL 8 PM.

Updated 1/30/13

Email: dzalezniak@newtonma.gov